



**ARIZONA DEPARTMENT OF
JUVENILE CORRECTIONS**

5 YEAR STRATEGIC PLAN
FY 2003 – FY 2007

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MISSION

The Arizona Department of Juvenile Corrections enhances public protection by changing the delinquent thinking and behavior of juvenile offenders committed to the Department.

VISION

Safer communities through successful youth

DEPARTMENT DESCRIPTION

The Arizona Department of Juvenile Corrections (ADJC) is the state agency responsible for juveniles adjudicated delinquent and committed to its jurisdiction by the county juvenile courts. ADJC is accountable to the citizens of Arizona for the promotion of public safety through the management of the state's secure juvenile facilities and the provision of a continuum of services to juvenile offenders, including rehabilitation, treatment, and education designed to change their delinquent thinking and behavior.

GOALS

ADJC has six goals.

Goal 1: ADJC will provide a safe environment for all youth under its supervision.

Goal 2: ADJC will cause committed youth to achieve on-going law abiding attitudes and behaviors.

Goal 3: ADJC will cause youth, families, and communities to work together to achieve success for youth.

Goal 4: ADJC will recruit, reward, and retain a competent workforce that successfully meets the diverse needs of youth and families

Goal 5: ADJC will cause committed youth to contribute to the restoration of victims and communities they have harmed.

Goal 6: ADJC will be a leader in the juvenile justice field.

STRATEGIC ISSUES

Over the next five years, ADJC's strategic plan anticipates three major strategic issues. Each of these larger issues poses operational challenges which are addressed by the Strategies outlined in the next section.

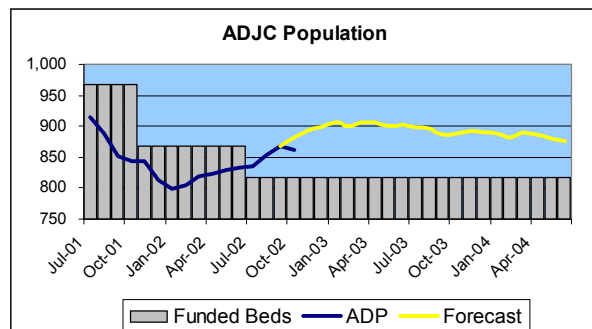
Committed Juvenile Population

The Department's current population forecast is detailed in the table below.

Forecasted ADJC Secure Care Population

ADM				
FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
887	889	898	926	944

ADJC has 1,168 physical beds within its system. In FY 2003, however, funding was appropriated to staff and operate only 818 beds. Over the last 8 months, the number of youth committed to ADJC each week from Arizona's county juvenile courts has increased significantly. As a result, a 69 youth or 3 housing unit shortfall is forecasted for FY 2003.



ADJC statistical research has found that housing unit population is a powerful predictor of both future recidivism and youth-on-youth assaults. That is, as the number of youth in a housing unit increase, youth-on-youth assaults in that housing unit will increase as will the recidivism rates of those youth following secure

care. As a result, preventing overcrowding is important for both youth and public safety.

Overcrowding must also be avoided from a legal standpoint. Settlements resolving Federal civil rights charges in Georgia and Louisiana mandated 11.0 and 10.2 direct care staff per 25 bed housing unit. Arizona's *Johnson v. Upchurch* consent decree required 10.2 staff per 25 bed housing unit. ADJC is currently appropriated 10.5 direct care staff per housing unit. As a result, the overcrowding caused by a bed shortage would put the Department outside these mandated staffing parameters.

More Difficult Youth

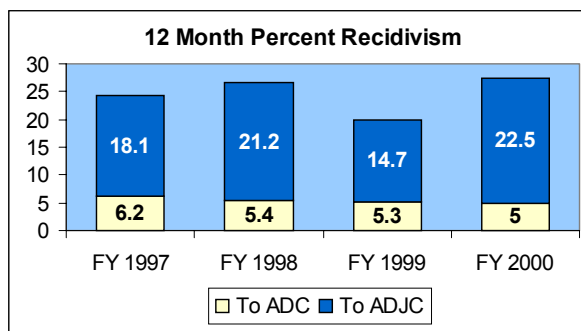
The Department has also seen a significant shift in the type of youth committed. Over the last two years, the needs assessments of incoming youth have shown an increasing prevalence of "special needs." For example:

- **Violent Offenders** – The percentage of ADJC's population exhibiting a history of violent behavior has increased more than 250% from 6.9% in FY 2000 to 25.8% in FY 2002
- **Mental Health Issues** – The proportion of youth with mental health problems resulting in "exhibiting excessive responses which prohibit or severely limit adequate functioning, including clear diagnosis of problems such as depression, anxiety, psychosis, and suicidal gestures" increased 5.3% last year alone.
- **Sex Offenders** – The percentage of youth assessed as using "sexual behaviors to attain power and control over others, harming and/or instilling fear in the victim" increased over 150%, from 3.2% in FY 2000 to 8.4% in FY 2002.
- **Substance Abuse** – The percentage of ADJC's population with a history of serious drug or alcohol abuse increased from 70.9% to 79.7% between FY 2000 and FY 2002.

These changes in the type of youth committed to ADJC have resulted in two operational challenges which must be addressed:

1. Increased Recidivism

ADJC's recidivism rates have shown a gradual increase in recent years. FY 2001 and FY 2002 parole revocation and re-commitment data points to additional increases to come.



ADJC recidivism research has found a strong statistical correlation between youth with substance abuse needs, mental health needs, or a history of violent behavior and recidivism. For example, a study of 3,624 youth released between 1996 and 1999 found that youth with substance abuse problems had recidivism rates 12% higher than those without a history of substance abuse.

ADJC's current operations do provide "Special Treatment" housing units to meet the more extensive needs of these youth. The higher staffing levels and greater clinical experience of employees in these units limits the number of such units permitted by ADJC's current appropriation. The current number of special treatment beds available are far from meeting the need. For example:

- **Mental Health** – Mentally ill youth require much higher levels of supervision, health care, psychotropic medication, and other forms of treatment to safely function. Anecdotally, ADJC is often seen as the only alternative for mentally ill youth in need of a secure setting as the Arizona State Hospital maintains only 16 juvenile beds. In FY 2002, ADJC received 339 youth with serious mental or emotional problems. ADJC is currently funded for 46 mental health beds. This is clearly insufficient.
- **Violent Offender** – In FY 2002, ADJC received 255 youth who were assessed to "use violent behavior to attain power and control over others." ADJC currently has 45 violent offender beds.
- **Sex Offender** – In FY 2002, ADJC received 83 youth who were assessed to "use sexual behaviors to attain power and control over others, harming and/or instilling fear in the victim." ADJC currently has 24 sex offender beds to treat these youth.
- **Substance Abuse** – By far, the most common special treatment need among youth committed to ADJC is a history of substance abuse. In FY 2002, 787 youth with serious alcohol or drug abuse problems were committed to the Department. Currently,

ADJC has only one substance abuse special treatment bed per eight youth needing treatment.

ADJC believes that the increasing proportion of high need youth committed, in combination with the Department's limited special treatment capacity is driving an increase in recidivism.

2. Juvenile Suicide

Over the last five months, ADJC has had two youth commit suicide and one youth hospitalized following an attempt. These represent the first successful suicides in the Department's 12-year history. National research has shown a significant increase in youth suicides in recent years. Arizona has been disproportionately impacted by this trend and exceeds the national average.

Further, research has shown that youth in correctional settings are at even greater risk for suicide. One reason for this increased suicide risk is the high number of juveniles with mental and emotional problems. As noted above, the proportion of youth committed to ADJC with serious emotional problems is increasing. ADJC must, therefore, address these risks.

As described below under Special Education, the Department of Justice is currently auditing ADJC's operations. A review of the findings of similar audits conducted in other states leads ADJC to believe that the Department's juvenile suicide prevention efforts will be determined to be inadequate.

Legal Mandates

ADJC believes two legal mandates will have important impacts on the Department's operations over the next five years.

1. Education Program Statutory Compliance

Unlike adult inmates who are criminally sentenced, juvenile offenders are civilly committed to ADJC for the purpose of treating their delinquency. This fundamental difference between the juvenile and adult correctional systems results in higher standards for treatment, education, and conditions of confinement under federal law for juvenile corrections. ADJC's facilities are currently being audited by the Department of Justice under the Civil Right of Institutionalized Persons Act (CRIPA), 42 U.S.C. §§ 1997a, *et seq.* A review of the findings of similar audits conducted in other states leads ADJC to believe that the Department's special education, Section 504 Accommodations, and Recreation Programs will be determined to be inadequate.

Special Education – ADJC is required to provide services to youth with disabilities as mandated by

the federal Individuals with Disabilities Education Act (IDEA), Arizona Revised Statutes (A.R.S.) §15-761, and A.R.S. §15-765 through §15-767. These services include delivery of special education instruction, speech/language services, occupation and physical therapy, and evaluation services for special education eligibility. In December 2001, an audit of ADJC's compliance with IDEA requirements found that ADJC was failing to adequately identify youth who are eligible for special education services. Since that time, ADJC has worked to bring its "Child Find" process into IDEA compliance, resulting in a near doubling of ADJC's special education population. In FY 2002, special education students made up 23% of total ADJC enrollment. Upon attaining full IDEA Child Find compliance, that proportion is anticipated to increase to 37%. This compares with a statewide special education average of 7% of total enrollment.

Due to the dramatic over-representation of special education students within ADJC's school system, the Department struggles to meet its legal responsibilities for these youth. ADJC's school district is currently staffed at a uniform 1 teacher per 14 students. A CRIPA audit of Louisiana's juvenile education system led to a settlement requiring a special education teacher to student ratio of 1:6. A similar settlement with Georgia's juvenile corrections agency required a ratio of 1:12. ADJC has not received the findings from the October CRIPA audit of the Department's facilities; however, based on the findings in other states, special education staffing is anticipated to be identified as a shortcoming.

Section 504 Accommodations – Section 504 of the federal Rehabilitation Act of 1973 requires schools to make accommodations for persons with physical or mental impairments which limit "a major life activity." As learning is defined as a major life activity, any youth who has demonstrated difficulty learning qualifies for reasonable accommodations to assist them. Given that 94% of ADJC youth have dropped out, been expelled, or were exhibiting serious truancy or school behavioral problems at the time of their commitment, it is conservatively estimated that 85% – 95% of ADJC youth will qualify for educational accommodations under Section 504. ADJC's current funding does not permit the Department to make these accommodations.

Recreation Staffing – Two separate mandates require ADJC to provide physical activity for committed youth. Federal case law has established a standard requiring juveniles to be provided at least one hour of large muscle exercise per day. In addition, physical education is a required component of all Arizona schools

curriculum by the state board of education under R7-2-301. Within ADJC, recreation staff organize and supervise these activities. CRIPA audits in Louisiana and Georgia reviewed recreation staffing and required a ratio of 1 recreation staff person for every 20 youth. ADJC currently maintains a 1:40 ratio.

2. *Jason K. Settlement*

Finally, as a state provider of behavioral health services to youth, ADJC must play an active role in the state's effort to comply with the terms of the Jason K. settlement agreement.

The State of Arizona recently entered into the *Jason K.* settlement agreement. This agreement is focused on delivery of behavioral health services for all persons under the age of 21 who are eligible for Title XIX behavioral health services. The centerpiece of the settlement agreement is the Arizona Vision which states:

"In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion, and in accordance with best practices, while respecting the child's and family's cultural heritage."

This vision is supplemented by 12 guiding principles which include:

- Collaboration with child and family
- Functional outcomes
- Best practices
- Services tailored to the child and family
- Respect for the child and family's unique cultural heritage.
- Connection to natural supports

As part of the settlement agreement, the Arizona Department of Health Services and the Arizona Health Care Cost Control System were charged with enlisting the cooperation of other agencies to deliver services to qualified youth consistent with the vision. In April 2002, ADJC was among six signatories to a memorandum of understanding committing to the cross-agency provision of services consistent with the settlement agreement's Arizona Vision and 12 Principles.

ADJC estimates that 381 youth covered under the *Jason K.* settlement are committed to the Department each year.

STRATEGIES

The strategies listed below address both the Department's strategic issues and ADJC's six goals. Resource assumptions are listed following strategies where applicable. Funding sources are abbreviated as follows: General Fund (GF) and other appropriated funds (OF). All amounts are shown in thousands. Each fiscal year represents incremental changes from FY 2003.

Additional Capacity Funding

ADJC's average population over FY 2004 is forecast to exceed the appropriated funding by three housing units. As a result, three housing units must be added in FY 2004 to allow the Department to manage these youth safely. In FY 2004, the annual cost per housing unit, including the associated health care and education costs, is \$638,300. This equates to a total of \$1,914,900.

In FY 2006, an additional two housing units must be added to accommodate the forecasted FY 2006 and 2007 ADPs of 944 and 924 youth, respectively. The cost of these housing units has been increased by 7% over the FY 2004 cost, to represent the effect of pay increases and general inflation in the intervening years.

Additional Capacity Funding				
	<u>FY 2004</u>	<u>FY 2005</u>	<u>FY 2006</u>	<u>FY 2007</u>
FTE	48	48	80	80
GF	1,914.9	1,914.9	3,192.0	3,103.0
OF	0	0	89.0	178.0

Create a Health Maintenance Organization Model for Juvenile Justice

The cost of population growth noted above under Additional Capacity Funding highlights the fact that ADJC's mandate to provide a secure environment and serve the increasing proportion of high need youth committed makes the Department the highest cost intervention for juvenile offenders. ADJC believes its services could be used more efficiently by Arizona's juvenile justice system by applying a managed care approach.

Health Maintenance Organizations minimize health care costs by creating financial incentives for doctors to look for more cost-effective treatments for patients. This model could be expanded to Arizona's juvenile justice system. Each county could receive state funding for its at-risk juvenile population based on a standard capitation rate. Counties could use their monies for any range of prevention, diversion, or county-level supervision programs. However, counties would be required to pay the commitment costs of youth committed to ADJC from these funds. As a result, counties would have an incentive to seek lower cost substitutes to secure care. No such incentives currently exist.

This would represent a fundamental reform of Arizona's juvenile justice system and would require collaboration between the stakeholders in the system and legislative action. ADJC will engage other juvenile justice stakeholders and advocate for this strategy.

Comprehensive Classification

One strategy to improve ADJC's recidivism rates is to improve the Department's system for providing individualized treatment to youth. ADJC refers to this improved system as "comprehensive classification." The comprehensive classification system is a structured decision-making process for youth committed to ADJC and will determine appropriate secure housing, treatment programs, supervision levels, and community placement of youth based on the goals of the department. Since August 2000, ADJC has been developing this system to improve the efficient placement of juveniles in effective programs that reduce recidivism.

Youth will complete an extensive diagnostic assessment process known as Reception, Assessment and Classification (RAC). The RAC process will identify the risk factors causing or contributing to the juvenile's delinquent behavior and protective factors that support non-delinquent behavior using three specific assessment tools:

- **Community Risk Assessment:** A validated instrument that calculates the likelihood of re-offending in the community based on criminal and social factors
- **Criminogenic and Protective Factors Assessment:** A motivational interview and assessment adapted from the State of Washington that targets youth risks and strengths
- **Strategies for Juvenile Supervision:** An assessment designed to provide a case management strategy for those who work with juvenile offenders in the community and institutional settings

The comprehensive classification system will increase the safety of citizens, staff, and juveniles by:

- A more scientific targeting of treatment services based on a juvenile's risk and protective factors to provide an effective risk management strategy for delinquent youth
- Improving individualized approaches, ensuring a culturally appropriate and language proficient treatment plan for all youth
- Optimizing the use of ADJC resources by allowing the Department to focus on the highest risk youth
- Reinforcing the development of youth and system accountability through quality management techniques

The comprehensive classification system will be implemented using existing resources.

Add Special Treatment Beds

A second important strategy to improve the Department's recidivism rates is to provide more appropriate treatment to the increasing proportion of high need youth committed to ADJC. As noted above, outcome research on ADJC youth has shown a strong relationship between the presence of special treatment needs and recidivism. Fortunately, research has also shown that the added staffing and clinical expertise employed in special treatment housing units is effective in decreasing recidivism among ADJC's most difficult youth.

Using logistic regression analysis to control for the influence of other factors, research found that, despite the fact that ADJC's most difficult youth are assigned to special treatment housing units, youth from these units had recidivism rates 3 to 4 percentage points below peers from general housing units. This equates to recidivism rates that are 25% to 27% lower. As a result, it is clear that increasing ADJC's ability to meet the special treatment needs of youth increase public safety and reduces long-run incarceration costs.

The greatest disparity between the needs of youth and the Department's special treatment capacity are in mental health, substance abuse, and violent offender treatment beds. As a result, ADJC recommends converting one existing housing unit to a special treatment housing unit addressing each of these needs in FY 2004. When ADJC's population requires the addition of two additional housing units in FY 2006, the Department will request additional funding to make them substance abuse special treatment housing units.

Add Special Treatment Beds				
	<u>FY 2004</u>	<u>FY 2005</u>	<u>FY 2006</u>	<u>FY 2007</u>
FTE	5	5	5	5
GF	433.1	433.1	447.4	447.4

Make Facilities More Suicide Resistant

One critical strategy to prevent suicides within ADJC facilities is to make youth rooms more suicide resistant. The two recent successful suicides involved youth that hanged themselves by fashioning a noose from a bed sheet, knotting the free end, and jamming that knot in a gap or slot in the bottom of their Adobe Mountain School (AMS) window frames. The youth then leaned into the noose, passing out and asphyxiating. In one case, the youth was unobserved for 8 minutes. The other youth was unobserved for less than 5 minutes. The only way to prevent additional suicides using this methodology is to eliminate the slot in housing unit window frames. The cost of this modification will be \$142,000.

The second major physical hazard identified within ADJC facilities are the old bunk beds found in most rooms. ADJC's latest facility, SWR, was constructed

using modern suicide prevention bunk beds. These beds are designed to not provide any means of attaching a ligature for asphyxiation. In contrast, the beds in ADJC's older facilities provide an unlimited array of holes and cross members that suicidal youth could easily use to secure a bed sheet or article of clothing. A total of 292 beds at AMS, the BCS, and the CMS must be replaced. Replacement with bed units modeled after those at SWR will cost approximately \$2,800 each to design, build, and install. The total cost will be \$820,900.

ADJC has requested funding for both of these items in its FY 2004 budget request.

Suicide Prevention – Physical Plant				
	<u>FY 2004</u>	<u>FY 2005</u>	<u>FY 2006</u>	<u>FY 2007</u>
FTE	0	0	0	0
GF	962.9	962.9	962.9	962.9

Increase Clinical Expertise in All Housing Units

Given the clear increase in the proportion of committed youth with special treatment needs, as pointed out in "More Difficult Youth" above, and the fact that ADJC's special treatment bed capacity will only accommodate a fraction of the youth assessed with special treatment needs, the Department must find a way to manage these youth safely and effectively in a standard housing unit.

ADJC believes that the most cost effective way to safely manage these more difficult youth is to adjust the Department's housing unit staffing pattern to provide greater clinical expertise. Specifically, one Youth Corrections Officer I would be replaced by a Youth Corrections Officer II, one Sergeant would be replaced by a Clinical Specialist, and one Youth Program Officer II would be replaced by a 0.5 FTE Position Youth Program Supervisor and a 0.5 FTE Position Psychological Associate II. These changes require no additional FTE Positions and cost \$6,375 per housing unit. Department-wide, this cost would be \$153,000.

These changes mirror the more clinically oriented staffing patterns of ADJC's current special treatment housing units without adding additional staff. There is reason to believe this staffing pattern will enable more effective rehabilitative programming and suicide prevention. As noted above, ADJC research has found that, despite the fact that ADJC's most difficult youth are assigned to special treatment housing units, youth from these units had recidivism rates 3 – 4 percentage points below peers from general housing units. This equates to recidivism rates that are 25% to 27% lower.

As a result, this strategy is intended to both improve recidivism rates and the ability of staff to recognize youth at-risk for suicide and intervene.

Increase Clinical Expertise				
	<u>FY 2004</u>	<u>FY 2005</u>	<u>FY 2006</u>	<u>FY 2007</u>
FTE	0	0	0	0
GF	153.0	153.0	153.0	153.0

Functional Family Therapy, Child and Family Teams, and the Van Den Berg Wraparound Model

ADJC serves a significant number of youth covered under the *Jason K.* settlement. These include youth on parole who qualify for Title XIX services based on their family's income and all youth in community-based residential placements. The Department's strategy for serving youth in the juvenile justice system consistent with the settlement's vision and principles (while improving ADJC's overall outcome rates) is to provide services such as Functional Family Therapy (FFT) and to utilizing service delivery and case planning methods such as Child and Family Teams (CFT) and the Van Den Berg Wraparound model.

FFT is a research based system of family therapy designed to work with delinquent youth and their families to change the maladaptive behaviors that lead to juvenile crime. To date, 13 studies of FFT have demonstrated a minimum reduction in recidivism of 25% among treated youth (and up to 60%). If FFT produces this minimum reduction among the 381 youth treated, 41 fewer will recidivate. With an average length of stay of 7 months, this reduction will avoid the cost of 8,725 juvenile bed days. This would allow ADJC to close two housing units, saving the State of Arizona \$1,267,800 in ADJC costs alone. That represents a 350% return on the State's annual investment of \$407,200.

These factors – scientifically demonstrated effectiveness and the ability to be successfully replicated – resulted in FFT being selected as one of 10 "Blueprint Programs" by the University of Colorado's Center for the Study and Prevention of Violence. Today, Blueprint Programs are the gold standard for best practice in the treatment of at-risk youth.

FFT clearly addresses the vast majority of the settlement's 12 principles. ADJC estimates that 381 youth covered under the *Jason K.* settlement are committed to the Department each year. ADJC has requested \$648,800 in its FY 2004 budget request to provide FFT to these youth. In FY 2005 and beyond, the on-going cost of the program would fall to \$407,200 per year.

Child and Family Teams (CFT) are used with most case managed cases in the Regional Behavioral Health Authority (RBHA) system in Maricopa County and the Northern Arizona area. The case planning protocol of choice used with Child and Family Teams is the Van Den Berg Wraparound service model which includes families and extended support systems. The team of

professionals and interested parties plan services and resources for youth utilizing low and no cost options such as mentors for youth and respite for parents. The Child and Family Team approach can be utilized at no cost to the Department. The Department of Health Services/Behavioral Health Division provides training in this model to its partner agencies (such as ADJC) so that all involved in a child's treatment can work intelligently within the same protocol parameters for the benefit of youth and families.

Family Support Partners (FSP) are utilized in this process to assist families in learning the complicated statewide service delivery system and to teach them how to advocate for themselves and their child. Families who are empowered in this way become assets to their child and to whichever system in which their child is involved. Younger siblings are aided and may, as a result, avoid similar involvement in the juvenile justice system.

Jason K. Settlement Services				
	<u>FY 2004</u>	<u>FY 2005</u>	<u>FY 2006</u>	<u>FY 2007</u>
FTE	8	8	8	8
GF	648.8	648.8	648.8	648.8

Education Staffing

Special Education – ADJC's schools are currently staffed to provide one teacher for every 14 youth. CRIPA audits in other states have established the following minimum staffing ratios:

	<u>Special Ed</u>	<u>Regular Ed</u>
Louisiana	1:6	1:17
Georgia	1:12	1:15

ADJC has requested funding in FY 2004 to move to a staffing ratio of 1:8 for special education students and 1:16 for regular education students. In FY 2004, these changes result in a net need for an additional 14 Special Education Teacher FTE Positions. When ADJC population requires two additional housing units in FY 2006, 1 additional special education teacher will be required.

Section 504 Accommodations – It is conservatively estimated that 85% – 95% of ADJC youth will qualify for educational accommodations under Section 504. ADJC's current funding does not permit the Department to make these accommodations. Approximately 10% of youth who qualify for a Section 504 accommodation require personal instructional assistance. As noted above with class sizes of 16 for regular education youth, one such youth is a virtual certainty in each non-special education class. In public schools, this assistance is typically provided by a teacher's aide. ADJC already includes one Youth Corrections Officer in each classroom in addition to the teacher. This position could be upgraded to meet the

minimum requirements for a teacher's aide at a cost of \$2,500 per position for ADJC's 36 non-special education classrooms.

Recreation Staffing – CRIPA audits in Louisiana and Georgia reviewed recreation staffing and required a ratio of 1 recreation staff person for every 20 youth. ADJC currently maintains a 1:40 ratio. Therefore, to comply with CRIPA's established ratio an additional 22.5 Youth Program Officer II FTE Positions will be required to serve ADJC's FY 2004 forecasted population. An additional 2.5 FTE Positions would be needed for FY 2006 and FY 2007 population increases.

Special Education Staffing				
	<u>FY 2004</u>	<u>FY 2005</u>	<u>FY 2006</u>	<u>FY 2007</u>
FTE	36.5	36.5	37.5	37.5
GF	1593.3	1,593.3	1,642.2	1,642.2

RESOURCE ASSUMPTION SUMMARY

	FY 2003		Incremental Cost of Strategies		
	<u>Appropriation</u>	<u>FY 2004</u>	<u>FY 2005</u>	<u>FY 2006</u>	<u>FY 2007</u>
FTEs	1,239.4	97.5	97.5	130.5	130.5
General Fund	63,743.7	5,706.0	5,706.0	7,046.3	6,957.3
Other					
Appropriated	4,999.2	0.0	0.0	89.0	178.0
Federal Funds	3,480.4	0.0	0.0	0.0	0.0
Non-Appropriated	<u>301.3</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Total	72,524.6	5,706.0	5,706.0	7,135.3	7,135.3
in thousands					